

CAHPS[®] 3.0

Child Commercial Questionnaire¹

All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

If you want to know more about this study, please call XXX.

¹ The Child Commercial Questionnaire contains the CAHPS[®] core items and the chronic conditions set. These questions are included in every CAHPS[®] Child questionnaire and are applicable across all payers and health care delivery systems.

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SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☒ Yes ➔ **If Yes, Go to Question 1 on Page 1**
- ☐ No

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is in {Health Plan Name}. Is that right?

¹ ☐ Yes → If Yes, Go to Question 3

² ☐ No

2. What is the name of your child's health plan? (please print)
- _____

3. How many months or years in a row has your child been in this health plan?

¹ ☐ Less than 1 year

² ☐ At least 1 year but less than 2 years

³ ☐ At least 2 years but less than 5 years

⁴ ☐ 5 or more years

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

¹ ☐ Yes

² ☐ No → If No, Go to Question 7 on Page 2

5. Using any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?

⁰ ☐ 0 Worst personal doctor or nurse possible

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5

⁶ ☐ 6

⁷ ☐ 7

⁸ ☐ 8

⁹ ☐ 9

¹⁰ ☐ 10 Best personal doctor or nurse possible

6. Did you have the same personal doctor or nurse before you joined this health plan?

¹ ☐ Yes → If Yes, Go To Question 8

² ☐ No

7. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

8. In the last 12 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing or behaving?

¹ ☐ Yes

² ☐ No

9. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?

¹ ☐ Yes

² ☐ No → If No, Go to Question 12 on Page 3

10. Does your child's personal doctor or nurse understand how these medical, behavioral or other health conditions affect your child's day-to-day life?

¹ ☐ Yes

² ☐ No

11. Does your child's personal doctor or nurse understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?

¹ ☐ Yes

² ☐ No

Option: Insert additional questions about personal doctor or nurse here.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

12. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think your child needed to see a specialist?

- ¹ ☐ Yes
² ☐ No → If No, Go to Question 14

13. In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

- ¹ ☐ A big problem
² ☐ A small problem
³ ☐ Not a problem

14. In the last 12 months, did your child see a specialist?

- ¹ ☐ Yes
² ☐ No → If No, Go to Question 17 on Page 4

15. We want to know your rating of the specialist your child saw most often in the last 12 months. Using any number from 0 to 10 where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate your child's specialist?

- ⁰ ☐ 0 Worst specialist possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best specialist possible

16. In the last 12 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- ¹ ☐ Yes
² ☐ No

Option: Insert additional questions about specialist care here.

YOUR CHILD'S HEALTH CARE IN THE LAST 12 MONTHS

17. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

¹ ☐ Yes

² ☐ No → If No, Go to Question 19

18. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

19. In the last 12 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room, or doctor's office?

¹ ☐ Yes

² ☐ No → If No, Go to Question 21

20. In the last 12 months, when your child needed care right away for an illness, injury or condition how often did your child get care as soon as you wanted?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

21. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 12 months, not counting the times you needed health care right away, did you make any appointments for your child with a doctor or other health provider for health care?

¹ ☐ Yes

² ☐ No → If No, Go to Question 23

22. In the last 12 months, not counting times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

23. In the last 12 months, how many times did your child go to an emergency room?

⁰ ☐ None

¹ ☐ 1

² ☐ 2

³ ☐ 3

⁴ ☐ 4

⁵ ☐ 5 to 9

⁶ ☐ 10 or more

24. In the last 12 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

⁰☐ None → If None, Go to Question 48 on Page 7

¹☐ 1

²☐ 2

³☐ 3

⁴☐ 4

⁵☐ 5 to 9

⁶☐ 10 or more

25. In the last 12 months, did you or a doctor believe your child needed any care, tests, or treatment?

¹☐ Yes

²☐ No If No, Go to Question 27

26. In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

¹☐ A big problem

²☐ A small problem

³☐ Not a problem

27. In the last 12 months did you need approval from your child's health plan for any care, tests or treatment?

¹☐ Yes

²☐ No If No, Go to Question 29

28. In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?

¹☐ A big problem

²☐ A small problem

³☐ Not a problem

29. In the last 12 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

30. In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

31. In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

32. In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

33. In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

34. In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

35. Is your child able to talk with doctors about his or her health care?

- ☐ 1 Yes
- ☐ 2 No → If No, Go to Question 37

36. In the last 12 months, how often did doctors or other health providers explain things in a way your child could understand?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

37. In the last 12 months, how often did doctors or other health providers spend enough time with your child?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

38. In the last 12 months, did you have any questions or concerns about your child's health or health care?

- ☐ 1 Yes
- ☐ 2 No → If No, Go to Question 42

39. In the last 12 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

40. In the last 12 months, how often did you get the specific information you needed from your child's doctors or other health providers?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

41. In the last 12 months, how often did you have your questions answered by your child's doctors or other health providers?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

We want to know how you, your child's doctors and other health providers make decisions about your child's health care.

42. In the last 12 months, were any decisions made about your child's health care?

- ☐ 1 Yes
- ☐ 2 No → If No, Go to Question 47 on Page 7

43. When decisions were made in the last 12 months, how often did your child's doctors or other health providers offer you choices about your child's health care?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

44. When decisions were made in the last 12 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

45. When decisions were made in the last 12 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

46. When decisions were made in the last 12 months, how often did your child's doctors or other health providers involve you as much as you wanted?

- ¹ ☐ Never
² ☐ Sometimes
³ ☐ Usually
⁴ ☐ Always

47. Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 12 months?

- ⁰ ☐ 0 Worst health care possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best health care possible

48. Is your child now enrolled in any kind of school or daycare?

- ¹ ☐ Yes
² ☐ No → If No, Go to Question 51 on Page 8

49. In the last 12 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- ¹ ☐ Yes
² ☐ No → If No, Go to Question 51 on Page 8

50. In the last 12 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- ¹ ☐ Yes
² ☐ No

SPECIALIZED SERVICES

51. In the last 12 months, did you get or try to get any special medical equipment or devices for your child, such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

¹ ☐ Yes

² ☐ No → If No, Go to Question 54

52. In the last 12 months, how much of a problem, if any, was it to get special medical equipment for your child?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem → If Not, Go to Question 54

53. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

¹ ☐ Yes

² ☐ No

54. In the last 12 months, did you get or try to get special therapy for your child, such as physical, occupational, or speech therapy?

¹ ☐ Yes

² ☐ No → If No, Go to Question 57

55. In the last 12 months, how much of a problem, if any, was it to get special therapy for your child?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem → If Not, Go to Question 57

56. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

¹ ☐ Yes

² ☐ No

57. In the last 12 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem?

¹ ☐ Yes

² ☐ No → If No, Go to Question 60

58. In the last 12 months, how much of a problem, if any, was it to get this treatment or counseling for your child?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem → If Not, Go to Question 60

59. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

¹ ☐ Yes

² ☐ No

60. In the last 12 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

¹ ☐ Yes

² ☐ No → If No, Go to Question 62 on Page 9

61. In the last 12 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?

¹ ☐ Yes

² ☐ No

Option: Insert additional questions about specialized services here.

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

62. In the last 12 months, did you look for any information about how your health plan works in written material or on the Internet?

¹ ☐ Yes

² ☐ No → If No, Go to Question 64

63. In the last 12 months, how much of a problem, if any, was it to find or understand this information?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

64. In the last 12 months, did you call the health plan's customer service to get information or help for your child?

¹ ☐ Yes

² ☐ No → If No, Go to Question 66

65. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

¹ ☐ A big problem

² ☐ A small problem

³ ☐ Not a problem

66. In the last 12 months, did you have to fill out any paperwork for your child's health plan?

¹ ☐ Yes

² ☐ No → If No, Go to Question 68
on Page 10

67. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- ¹ ☐ A big problem
² ☐ A small problem
³ ☐ Not a problem

68. Using any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- ⁰ ☐ 0 Worst health plan possible
¹ ☐ 1
² ☐ 2
³ ☐ 3
⁴ ☐ 4
⁵ ☐ 5
⁶ ☐ 6
⁷ ☐ 7
⁸ ☐ 8
⁹ ☐ 9
¹⁰ ☐ 10 Best health plan possible

Option: Insert additional questions about the health plan here.

PRESCRIPTION MEDICATIONS

69. In the last 12 months, did your child get a prescription for medicine or did you refill a prescription for your child?

- ¹ ☐ Yes
² ☐ No → If No, Go to Question 72 on Page 11

70. In the last 12 months, how much of a problem, if any, was it to get your child's prescription medicine?

- ¹ ☐ A big problem
² ☐ A small problem
³ ☐ Not a problem → If No, Go to Question 72 on Page 11

71. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- ¹ ☐ Yes
² ☐ No

ABOUT YOUR CHILD AND YOU

72. In general, how would you rate your child's overall health now?

- ¹ ☐ Excellent
- ² ☐ Very Good
- ³ ☐ Good
- ⁴ ☐ Fair
- ⁵ ☐ Poor

73. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 76

74. Is this because of any medical, behavioral or other health condition?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 76

75. Is this a condition that has lasted or is expected to last for at least 12 months?

- ¹ ☐ Yes
- ² ☐ No

76. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 79

77. Is this because of any medical, behavioral or other health condition?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 79

78. Is this a condition that has lasted or is expected to last for at least 12 months?

- ¹ ☐ Yes
- ² ☐ No

79. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 82

80. Is this because of any medical, behavioral or other health condition?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 82

81. Is this a condition that has lasted or is expected to last for at least 12 months?

- ¹ ☐ Yes
- ² ☐ No

82. Does your child need or get special therapy, such as physical, occupational or speech therapy?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 85 on Page 12

83. Is this because of any medical, behavioral or other health condition?

- ¹ ☐ Yes
- ² ☐ No → If No, Go to Question 85 on Page 12

84. Is this a condition that has lasted or is expected to last for at least 12 months?

- ¹ ☐ Yes
- ² ☐ No

85. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

¹ ☐ Yes

² ☐ No → If No, Go to Question 87

86. Has this problem lasted or is it expected to last for at least 12 months?

¹ ☐ Yes

² ☐ No

87. What is your child's age now?

¹ ☐ Less than 1 year old
_____ YEARS OLD (*write in*)

88. Is your child male or female?

¹ ☐ Male

² ☐ Female

89. Is your child of Hispanic or Latino origin or descent?

¹ ☐ Yes, Hispanic or Latino

² ☐ No, not Hispanic or Latino

90. What is your child's race? Please mark one or more.

¹ ☐ White

² ☐ Black or African-American

³ ☐ Asian

⁴ ☐ Native Hawaiian or other Pacific Islander

⁵ ☐ American Indian or Alaska Native

⁶ ☐ Other

91. What is your age now?

⁰ ☐ Under 18

¹ ☐ 18 to 24

² ☐ 25 to 34

³ ☐ 35 to 44

⁴ ☐ 45 to 54

⁵ ☐ 55 to 64

⁶ ☐ 65 to 74

⁷ ☐ 75 or older

92. Are you male or female?

¹ ☐ Male

² ☐ Female

93. What is the highest grade or level of school that you have completed?

¹ ☐ 8th grade or less

² ☐ Some high school, but did not graduate

³ ☐ High school graduate or GED

⁴ ☐ Some college or 2-year degree

⁵ ☐ 4-year college graduate

⁶ ☐ More than 4-year college degree

94. How are you related to the policyholder?

¹ ☐ I am the policyholder

² ☐ Spouse or partner of policyholder

³ ☐ Child of policyholder

⁴ ☐ Other family member

⁵ ☐ Friend

⁶ ☐ Someone else (please print)

95. How are you related to the child?

- ¹ ☐ Mother or father
- ² ☐ Grandparent
- ³ ☐ Aunt or uncle
- ⁴ ☐ Older sibling
- ⁵ ☐ Other relative
- ⁶ ☐ Legal guardian

Option: Insert other child specific, member specific or other general questions here.

96. Did someone help you complete this survey?

- ¹ ☐ Yes → If Yes, Go to Question 97
- ² ☐ No → Thank you.
Please return the completed survey in the postage-paid envelope.

97. How did that person help you?

Check all that apply.

- ¹ ☐ Read the questions to me
- ² ☐ Wrote down the answers I gave
- ³ ☐ Answered the questions for me
- ⁴ ☐ Translated the questions into my language
- ⁵ ☐ Helped in some other way

(Please print)

THANK YOU

Please return the completed survey in the postage-paid envelope.